

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700707

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: PENSACOLA RIFLE AND PISTOL CLUB INC

## Current Principal Place of Business:

MATHISON ROAD, MOLINO, FL.  
PO BOX 10751  
PENSACOLA, FL 325240751

## New Principal Place of Business:

MATHISON ROAD, MOLINO, FL.  
PENSACOLA, FL 325240751

## Current Mailing Address:

PISTOL CLUB INC  
PO BOX 10751  
PENSACOLA, FL 325240751

## New Mailing Address:

FEI Number: 23-7344651      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RANKIN, FREDERICK W  
105 EDGEWATER DR.  
PENSACOLA, FL 32507      US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: PD      ( ) Delete  
Name: MOAK, DONALD O  
Address: 3791 WELLINGTON RD  
City-St-Zip: PENSACOLA, FL

Title: VD      ( ) Delete  
Name: BERNA, DON  
Address: 4106 COPPERTREE LN.  
City-St-Zip: PENSACOLA, FL 32504

Title: SD      ( ) Delete  
Name: WELLS, ARTHUR F JR  
Address: 1285 WHIPPORWELL DRIVE  
City-St-Zip: CANTONMENT, FL 32533

Title: D      ( ) Delete  
Name: WEBSTER, W.C.  
Address: 1601 FOULIS DR.  
City-St-Zip: PENSACOLA, FL

Title: TD      ( ) Delete  
Name: RANKIN, FREDERICK W  
Address: 105 EDGEWATER DR.  
City-St-Zip: PENSACOLA, FL 32507

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RANKIN

MR.

01/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date